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Communications.

REMARKS ON NEGLECTED GLAUCOMA.

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Although many physicians pass through their professional lives without even seeing a case of glaucoma, it cannot be considered a very rare affection. It occurs in something less than one per cent. in all cases of diseases of the eye, at least in so far as they come under treatment by the ophthalmologist.

Nevertheless, the final result of the disorder is so baneful, and the onward course to this termination, if unchecked by appropriate treatment, so inevitable, that these considerations may possibly serve as an apology for thrusting so trite a subject upon the notice of the reader.

Two cases in which the nature of the affection had been overlooked have come under my observation very recently. The first one was that of a lady, fifty-three years of age, residing in a town in the interior of this State, who had been attacked six months before by violent pain in the right eye and temple. She was treated for neuralgia, and although she noticed her sight becoming dim, no action was taken, and in two months the eye was blind. Recently there has been pain about the left eye, the sight was found to be failing, and now, becoming thoroughly alarmed, she hastened to the city for advice. When first seen, the right eye was without perception of light, of a stony hardness, cornea insensitive, pupil dilated and greenish, iris motionless, and conjunctiva inflamed. In the left eye, with $\frac{1}{\infty}$ V. $= \frac{20}{\infty}$, field much contracted, tension increased, disk cupped. Iridectomy was immediately performed in both eyes, but vision was not improved. The right eye, remaining troublesome, was excised.

The other case was still more unfortunate. A young farmer, only twenty-two years of age, was, when I first saw him, quite blind in the left eye, and could scarcely count fingers at one foot distance with the right. The globes were of a stony hardness, the optic disks deeply excavated, and the visual field in the right eye very small. The account he gave of himself was that he had long suffered great pain in the temporal region, radiating often over the whole head; that his sight failed gradually, commencing about two years before, apparently during convalescence from an attack of acute rheumatism. Iridectomy was immediately performed on both eyes, with the effect of relieving the pain, reducing the tension and in the right eye, after some time, of enlarging slightly the visual field, but without increasing the sharpness of sight.

Glaucomatous patients usually make their first appearance complaining of great pain about the eye, or of failure of vision, and often of both troubles. In the great majority of cases, however, headaches of a neuralgic character usher in the disease. The pain is located about the temple, or in the ball, radiates in various directions, is paroxysmal in character, and is often most intense.

Sooner or later, in the course of these attacks, the sight becomes impaired, the rapidity with which the failure of vision supervenes appearing to be in direct proportion to the amount of

inflammatory action, in the eye's interior, accompanying the malady. In some exceptional instances, the inflammation is so intense that the eye becomes blind in a few hours. In a certain number of cases, on the other hand, there is, apparently, an entire absence of inflammatory action; the process is unaccompanied even by pain, and the loss of sight is so slow and gradual that it is unnoticed even by the patient himself, until a large portion of the optical sense is gone. Usually, however, the patient's attention is called to his condition by finding himself rapidly growing far-sighted, so that he has constantly to hold his book or paper at increasing distances, in order to see it distinctly. In the healthy eye, presbyopia comes on very slowly. At 40 years of age the nearest point of distinct vision is about nine inches; at 45, about eleven inches; at 50, about sixteen inches; at 55, about twenty inches, and so on; but in glaucoma the patient often finds himself increasing the strength of glasses at intervals of months, or even weeks only. In addition, there is generally complaint of a foggy state of vision, and of a prismatic halo surrounding any flame. Deceptive sensations of gleams of light are often annoying.

The preceding short enumeration of symptoms probably includes pretty much all the patient will be able to tell of himself when he applies for relief. But when the surgeon examines the eye involved, he sees evidences of disturbance in the circulation of the organ. These appearances vary in degree, from a number of distended and tortuous veins twisting about over the white sclerotic, to the well-marked episcleral zone of iritic inflammation, accompanying which there is often turbidity of the refractive media and congestion of the conjunctiva. This cloudiness of the dioptric media often causes a greenish reflex from the now dilated and motionless pupil, which originally gave the name to the disease, glaucoma, or green cataract.

The surgeon will also find, by gently palpating the eye by means of the tips of the two forefingers, through the gently closed lids, just as if it were an abscess, that abnormal hardness exists in the organ. The degree of this hardness can be made evident by comparison with a healthy eye, and generally increases according to the degree of inflammatory action and the progress of the disease. It is usually companied by anæsthesia of the cornea, so that the patient is not aware when that portion of the eye is touched with a slip of paper. This tense condition of the globe, the result of internal pressure, causes also a shallowness of the anterior chamber, and a sluggish, perhaps immobile pupil, which looks as if it were pressed almost against the cornea.

Another important symptom is the limitation of the field of vision, which can be roughly determined by sitting opposite the patient, about two feet distant, and directing him to look, with the eye to be examined, steadily into your own opposite—with his left into your right, for instance—while his right and your left are to be closed; then taking some small, bright object in the hand, it should be passed in all directions in the plane at right angles to a line from the patient's eye to your own, and half-way between them. In this way any wandering of the patient's eye from the point of fixation is readily detected, and his field of vision can be compared with that of the surgeon. When the glaucomatous eye is tested in this manner, the field will be found contracted. The limitation begins generally on the nasal side, but the area of perception grows smaller on all sides as the affection advances, until the only sight left is in a small spot at the point of fixation, and even this is finally lost.

From the foregoing brief description, it may be seen that the diagnosis of glaucoma can, in most instances, be very readily made without the ophthalmoscope, and this is the more important, as that instrument is not in the hand of every practitioner. Besides, the physician who has one, and is sufficiently familiar with its use to be able to distinguish between a glaucomatous excavation of the optic disk and a physiological cup, will probably gain little by the perusal of this article. Nor would it be necessary to remind such a one that the pulsation of a retinal vein is often a perfectly innocent phenomenon, but that the rhythmical beating of the adjacent artery is a signal to prepare for the knife.

It is not pretended that all the above symptoms occur in every case. As in other diseases, so in this, there is no hard and fast line limiting its indications; but they may merge on one side into those of ordinary inflammation of the iris, or deeper structures, on the other side into atrophy or senile involution.

The affection once started, its ultimate destination, if not stopped on the way, is in

absolute blindness. It reaches this result either slowly and steadily, or by means of occasional inflammatory attacks, with intervals of remission, and progresses rapidly in direct proportion to the severity of the attacks. The variation in the course of the disease, in different instances, has given rise to a classification, but practically every case must be judged by itself, and we must be governed in our haste to afford relief entirely by the acuteness of the symptoms.

Glaucoma appears, as a rule, to occur in small, hypermetropic eyes with a rigid sclerotic, mostly a hereditary condition. In such organs there is an inability to yield to unusual variations of intra-ocular pressure arising from local or general systemic causes which occur innocuously in larger eyes with a thinner, more elastic coating. But when such fluctuations are resisted, the ciliary nerves resent the crowding, become irritated, vaso-motor paresis follows, still more pressure accumulates, and the malady is soon in full career. The senile changes, which occur in the whole body, affect also the sclerotic; this adds to the other predisposing causes, and thus the affection shows itself oftener after fifty years of age than at any other period of life.

In regard to treatment, it is a fortunate circumstance that glaucoma never begins in both eyes at the same time, and that in its progress there is always considerable difference between the two organs. To this fact many a patient owes the rescue of one eye from the fate of the other. The only thing that can be done for the effectual relief of the morbid condition is to make such an incision in the sclerotic as will relieve the tension which is causing all the mischief. The incision is usually practiced close to and in front of the iris, and as prolapse of that membrane commonly follows such a cut, iridectomy is performed. The objection to an incision made behind the forbidden ground of the ciliary region is that there is more liability to hemorrhage into the eye or escape of vitreous from it, with consequent shrinking of the ball. The subsequent cicatrix is formed of connective tissue, and remains more distensible than the original sclera. As the delicate nervous structures of the eye rapidly deteriorate under pressure, the sooner the operation is done the better. In some instances, where the disease appears to be absolutely quiescent and the patient can afford to dispense with the use of the eyes for any kind of work, we may wait and treat the case by carefully avoiding or allaying any local irritation. But it is sleeping on our arms, and we must expect to be wakened for action at any moment Sometimes the incision in the superior quadrant of the anterior scleral zone is not sufficient, and the glaucomatous paroxysms recur. Then the operation should be repeated in the lower quadrant, to relieve the tense tissue still further. If the operation is done early enough the normal amount of sight may be retained; but if the field of vision is much contracted, the light sensibility impaired and the excavation of the disk much advanced, we shall be fortunate if the operation preserves such sight as remains at the time.

Like other remedies in the treatment of disease, iridectomy is no specific, and in the best hands the operation may fail altogether. In the advanced stages, when sight is gone, the scleral section can do no more than relieve pain, or rid the patient of subjective impressions of light, which are apt to be annoying at this time; and if it fails to accomplish these ends, it is best to proceed to enucleation of the globe at once.

PHIMOSIS WITH LITHURIA; CIRCUMCISION—RECOVERY.

BY E. P. HURD, M. D,
Of Newburyport, Mass.

Patient a male infant of five months, the child of Mr. A., of this city. August 8th, was called to prescribe for a urinary trouble of several weeks' standing. But little urine was voided, and that was turbid, and apparently voided with great distress. The child being constipated, I ordered pulv. glycyrrhizæ comp. and waited an opportunity to examine the urine.

Aug. 9th. Mrs. A. has succeeded in obtaining a small quantity of baby's urine, and I have made an examination. Strongly acid, with copious reddish precipitate, which mostly clears up on heating with liq. potassæ. Microscopic appearance, an abundance of lozenge-shaped crystals of uric acid. A few dumb bells of the same, with fringed edges.

The following prescription was made:—

℞	Lith. cit.,	gr.xvj	
	Syrupi aurantii,	℥ss	
	Infus. buchu,	℥iss.	M.

Sig.—A teaspoonful every four hours.

The comp. liquorice powder to be continued in sufficient doses to keep the bowels regular. A warm soda bath every morning.

Aug. 21st. The condition of the baby patient has not materially improved. Mrs. A. has brought me to-day two little concretions, size of small pin heads, which she had found in baby's diapers. These concretions proved to be calculi of uric acid. A little urine which she had collected contained a copious sediment of uric acid, lozenge-shaped crystals, daggers, halbert-shaped masses, war clubs in heaps, dumb bells, hedgehog balls (urate of soda), and other forms, constituting quite a microscopic treat. The little juvenile seems to be suffering much from the irritation caused by these formidable crystalline structures. Has lost three pounds in weight within a month. Has also contracted whooping cough. Prescribed sodæ bicarb., with bromid. potas., hyoscyamus and tolu. I could not satisfactorily account for lithuria in so young a child; parents, by the way, are perfectly healthy.

August 31. Abscess in neighborhood of the rectum, which has terminated in incomplete fistula, the result, I presume, of the irritation from lithic acid, which still loads the urine. Diapers look as if stained with blood. Emaciation continues; child cries much of the time.

It is worthy of note that the alkaline and anodyne treatment has at times been attended with marked relief. The urine for days would look quite normal, as far as could be determined. Of late, however, the child has been getting worse.

September 10. If I had spent half the time in searching for a physical reason for the lithiasis that I have spent in the diagnosis of the pathological condition by test tube and microscope, I should have "hit the nail on the head" long before this. To-day, a careful examination of our infantile sufferer revealed a sadly neglected phimosis. The glans was completely covered and the meatus urinarius almost strangled by a large and probably adherent prepuce. "Something must be done right away."

I attempted the operation alone. The little patient was etherized. With the help of a small director and fine sharp bistoury, the upper part of the foreskin was slit up to the corona glandis, and an oval o skin and mucous membrane (Guerin's operation) was removed on each side of the slit. The prepuce was adherent to the glans throughout its whole extent. It was with the utmost difficulty that I could separate the mucous membrane from the glans; this, however, I in considerable measure effected, partly by tearing, and partly by careful dissection. Did you ever perform resection of the femur of a grasshopper? The task which I had attempted was almost as difficult. Three stitches were introduced at the proper places, through the skin and mucous membrane.

September 30. Although the utmost care has been taken to prevent adhesion between the raw surfaces of the mucous membrane and glans, separated by the operation of the 10th instant, what I feared has happened, and an another operation seems imperative, or future trouble may be apprehended. The condition of "our future president" is vastly improved, nevertheless; and it is worthy of remark that no "gravel" has appeared in the urine since the operation. Dr. D. Foss was called in to assist, and an attempt was once more made to restore the organ to a perfectly normal condition. I resolved to take an oval from the under side of the preputial covering of the glans, slitting up this time by the side of the frenum. This was done with very little hemorrhage, care being taken to avoid cutting the artery. The mucous membrane was found firmly adherent; it was carefully dissected up, and a small oval removed on each side of the frenum. A similar incision was made on the back of the organ, and enough of the skin and mucous membrane excised to completely free the glans and enable the prepuce to be reflected back with ease. A piece of dried smegma, about half the size of a hemp seed, was removed from the furrow behind the corona; this had produced a trifling excoriation. All hemorrhage was speedily stopped by pressure with a wet cloth, and directions were given to the mother of the child to reflect the prepuce twice a day over the glans, so that no further adhesions might be possible. Five stitches completed the operation.

October 10th. The last operation has been completely successful. All "lithuria" has long since disappeared.

We have a good example in the above how irritations about the genito-urinary organs may derange the urinary function, and alter the quality of the urine. I have similarly observed oxalic acid deposits in the urine of masturbators, and *offspring-shunning husbands*, who practice onanism (I use the latter word in its proper, original sense).

I have read the interesting and instructive article of Prof Sayre, in the REPORTER for Oct. 14th, and the above will be a fitting supplement to it. It is easy to understand how a persistent irritation of the kind indicated might cause more alarming symptoms than those from which our little patient suffered, and the next stage in the case I have reported would very likely have been paralysis.

CASES OF ARSENICAL AND LEAD POISONING.

BY FRED. HORNER, JR., M. D.,
Of Salem, Va.

The history, symptoms and treatment of the following case of colica pictonum, which furnishes proof of the sometimes deceptive and dangerous character of this disorder, are worthy of record. It occurred in the person of a young married lady of English birth, aged twenty-five, nursing her first child, an infant, and who was very obnoxious to the poisonous effects of any form of paint. After removal to a new house, which had been plastered and painted only a few days, but supposed to be sufficiently dried, in the middle of the night, she was seized with violent agonizing pain about the stomach, vomiting, and an indescribable wretchedness expressed in the countenance. The vomiting lasted for sixteen hours during the first attack. The patient had been liable to attacks of bilious colic, and, with the physician, attributed her illness at this time to error of diet at the noon meal. Remedies were tried in vain to relieve the symptoms; warm cloths, bottles of hot water, and mustard plasters locally; emetics, carminatives and chloroform, internally; and iced champagne and brandy. Finally, the second night, the patient retained an opium pill containing one grain, repeated until five grains had been given, when the vomiting and pain ceased, and sleep was induced, after two nights and a day had been spent in intense agony and suffering. One week afterward, during which time the weather was marked by constant rains and moisture, causing the green paint, as it was, on the walls of the house to be more or less dissolved, and the atmosphere to become loaded with vapor, the patient had a relapse of all the above symptoms, without any apparent cause as to error of diet, productive of bilious colic. In a short time the babe and husband were affected by like symptoms, accompanied, however, in the latter, by a marked, sweetish metallic taste, which, of course, confirmed the suspicion that the disorder was unmistakable lead colic; the blue line about the gums could not be detected. All the symptoms were aggravated with constriction in the throat, the lungs and pit of the stomach, dryness, great prostration, and pain about the spine, only relieved by constant pressure made by an attendant. Antidotes were promptly administered, viz., strong solutions of epsom salt, magnesia, pil. opii., and the albumen of eggs, and milk, and prompt removal of the family to another house.

The writer is aware of a single case only where a salt of lead was given for criminal purposes. It occurred in the person of the late Commodore W. Jamesson, United States Navy, of Alexandria, Virginia. He was taken ill with symptoms which compelled him to have the advice of a physician, who declared the symptoms to be those caused by lead poisoning. For some time they failed to obtain a clue to the cause, until a lad, the son of the Commodore's cook, a mulatto slave, confessed that he had seen his mother frequently put a whitish powder in the teapot. The contents were analyzed by a chemist, and found to contain sugar of lead. Commodore Jamesson never recovered, to the day of his death, from the effects of this criminal act, suffering from frequent attacks of dyspepsia and muscular debility.

In proof of the potency of lead poison, Dr. Snow is cited by Tanner, "Memorand. of Poisons," to report a fatal case where a child swallowed a portion, of the size of a marble, mixed with oil, and died on the fourth day, from absorption of the poisonous salt from the digestive canal. In the case of painters and operatives of manufactories in lead, and in families supplied with water conveyed through leaden pipes, the same thing occurs, by absorption through the skin and lungs. The blue line along the borders of the gums may be considered a diagnostic sign. A relapse of the colic frequently occurs without any apparent cause.

The illness which occurred in the family above described, in the first case, proved most disastrous to the lady, who had conceived about three months previously. During the period of pregnancy she was again ill, about two months subsequent to her first attack, with all the symptoms of cramp colic, to which she was peculiarly obnoxious, but on investigation, it proved to be arsenical poisoning—in this

case, perhaps, from accident. The arsenic, which had been recommended to destroy the rats of the house, by a country druggist, had been sprinkled on bits of bread by an ignorant cook, who had left them scattered over the kitchen floor carelessly. After the usual noon meal, the following day, a pudding of tapioca was served, bland and seemingly properly made. In a short while thereafter the nurse and cook complaind that the pudding, of which they had eaten heartily, had given them nausea, accompanied with severe retching, vomiting, and purging. The lady and her husband, toward night, were affected in the same manner, but more violently, with cramps, cold extremities, agonizing pain in the region of the præcordia, great prostration, and slight hemorrhage, from the violence of the efforts made in vomiting. Heat was applied in various forms, locally; powders of morphine, pil. opii, and chloroform liniment, repeated, failed in each case to give relief. At this time there was no suspicion that arsenic was the cause, but that the tapioca, made of the Mandioc root, which contains a highly poisonous juice, was the source of the poisoning. A young child, an infant of five months old, was not affected; constant pressure on the head and over the spine relieved the intolerable pain of these parts. Among other spmptoms there was noticed marked pallor, change of expression of the countenance, and a puffy, swollen condition of the face, regarded by some observers to be a pathognomonic sign of arsenical poisoning, which still unluckily was not suspected. On the second day after these attacks, the vomiting and other symptoms were relieved by pil. opii, gr.j, repeated until retained by the stomach, and draughts of infusion of hops.

The parties recovered very slowly after the lapse of a week's time, with impaired appetite and great debility. The married lady continued to suffer protracted malaise and slight ill-health until the period of full term, when she was delivered of a blighted ovum.

For some time the cause of these cases of disorder was attributed, as stated, to the noxious properties of the tapioca. But a parcel of the same lot was sent to Wyeth & Bro., Philadelphia, to analyze, and was proved to be sound, and the tapioca was again served up as a pudding, and eaten without any unpleasant consequences. Then came up the recollection of the effort to destroy the rats, as already mentioned, with arsenic. To the mind of the physician, the severity of the symptoms, the same, indeed, induced by an irritant poison, and the protracted duration of the illness of the patients, were proofs that the poison was arsenic, and appeared to be conclusive that the arsenicated bits of bread had been accidentally dropped in the food, or perhaps been disseminated in some way by the rats. But, unluckily, this conclusion came too late for the physician to administer the antidote, or to test for the presence of the arsenic in the matter vomited. Hence, the importance of a thorough investigation, on the part of practitioners of medicine, of even simple diseases, and the caution to housekeepers against tampering with poisonous drugs.

According to von Tschudi, some of the people of Styria eat arsenic to improve their complexions, gain strength, and be better able to endure fatigue. Ill health has been in some instances induced by the poison of Scheel's green, or arsenite of copper, which is largely used in the manufacture of paper-hangings, of toys, and some kinds of confectionery, as well as in the adulteration of the green tea of commerce. The writer knew of an example of the latter which occurred on board of a national vessel, at the time on a cruise, attached to the Brazil squadron, and lying at anchor in the harbor of Montevideo. A large number of the sailors, suddenly, and without apparent cause, were taken ill with symptoms of cholera morbus, active purging and vomiting; the season—winter, at this time—did not favor the production of this disorder; on investigation it was found that a supply of green tea, which had been laid in among the stores of the paymaster for the use of the ship's company, contained arsenite of copper, or Scheel's green, which had acted as an irritant poison. Appropriate treatment and condemnation of the tea brought relief to the sufferers.

DIABETES MELLITUS—A CASE AND ITS TREATMENT.

BY CHARLES C. CRANMER, M. D.,
Of Saratoga Springs, N. Y.

The following are my notes of a case which would appear to merit publication:—

Mr. A. B. came to my office on March 21st, of the present year, suffering from the above-mentioned disease. He was a dark, sallow-complexioned young man, 22 years of age, and

about six feet in height, well educated, very irritable, and the possessor of a good set of natural and undecayed teeth. Previous to his sickness he was about graduating from his university; he had, therefore, been reading for many hours, daily. The following conversation ensued:—

Question. At what date did your present disease show itself sufficiently to make itself felt? *Answer.* I first noticed something was wrong in the August of 1875, though probably it was about me a long time before.

Q. When did treatment commence? *A.* On the 1st of October, 1875.

Q. Do you know what treatment was adopted? *A.* Opium and creasote were administered, and I also took hot baths, occasionally. My diet consisted of milk, meat and dried toast.

Q. What amount of urine did you pass in twenty-four hours, for the first month? *A.* I should estimate the lowest quantity to be four gallons, and the highest, during the same time, six gallons. My thirst was unquenchable during the first six weeks, and I drank large quantities of water and other fluids.

Q. Did you have to rise frequently during the night? *A.* Yes, sometimes every hour.

Q. What was your weight previous to your sickness. *A.* One hundred and eighty pounds.

Q. How much do you weigh now. *A.* One hundred and sixteen pounds.

Q. When did you commence to lose flesh? *A.* In the August of 1875.

Q. You have been under treatment in this village, have you not? *A.* Yes, but the treatment consisted chiefly in electricity, hot baths, glycerine, internally, with some tonic, the nature of which I do not know.

Q. Do you feel better for such treatment? *A.* None whatever; in fact I am getting much worse.

This was on March 21st. I obtained a specimen of urine sufficient for all testing purposes, and took the specific gravity, which was 1.044. I then examined for sugar, using the following tests: Trommer's copper test, the potash test, and later on I used the yeast test; in a very short time the characteristics of sugar presented themselves.

Some few weeks before I saw this case I had read in the MEDICAL AND SURGICAL REPORTER a passing notice to the effect that Dr. Sidney Ringer, of University College, London, had treated several cases of diabetes with marked success, using sulphide of calcium, grain one-eighth, three times a day. I determined Mr. A. B. should give the remedy a fair trial, and prepared twelve powders of the desired drug, giving the exact dose as stated above. I required my patient to measure his urine every twenty-four hours and to bring some to my office every day, which he did, with the following results.

March 22d, evening, specific gravity, 1.044; amount passed, twelve quarts.

24th, evening, specific gravity, 1.040; total amount, twelve and a half quarts; up five times from 8 P. M. to 7 A. M. Appetite good; is using washed, dried, and baked bran bread, made with eggs.

25th, specific gravity, 1.040; passed seven quarts and half a pint.

The yeast test denoted thirty-one grains of sugar to each fluid ounce; This test was repeated twice with almost identical results. Continued treatment, but increased the dose of calcium sulphide to one-sixth of a grain. I also impressed upon the mind of my patient the absolute necessity of abstaining from all amylaceous food. I had sent to Messrs. McKesson & Robbins, of Fulton street, New York, to prepare for my patient fifty pounds of bran, as directed by Mr. Campton, and greatly to their credit be it said they returned me a very nicely prepared flour, strictly as ordered, and from which bread was made according to directions given in Tanner's Practice, page 807, formula 9. On the 26th, evening, he had passed only two and three-quarter gallons in the twenty-four hours, with a specific gravity of 1.038.

27th, specific gravity 1.040; up twice during the night; quantity passed a trifle under two gallons; appetite voracious, and thinks he does not feel so languid.

28th, seven quarts and half a pint; specific gravity, 1.036; up only once during the night, and feels better for the long sleep.

29th. Yesterday's urine denoted much less sugar than usual. To-day's urine, specific gravity, 1.036; quantity not taken.

30th. Walked two miles to-day; feels much better and stronger. Ate fish, mutton, and drank mutton broth for dinner; has a great desire to eat apples, which I interdict. Urine, to my surprise, marked 1.030; quantity passed, four quarts. Skin has been moist nearly all day since the walk.

31st, quantity passed, seven quarts; specific gravity, 1.032; up twice during the night.

April 1st, had a slight cold and did not report.

2d, better in every respect; had company to-day and did not measure urine.

3d, specific gravity of urine 1.034; about three quarts; slept well.

4th, specific gravity 1.030; passed this day less than at any time since his sickness.

5th, no report.

6th, repeat powders, and increase to half a grain. Specific gravity of urine 1.030; quantity less than usual. No trace of sugar to-day; feels all right; slept well all night. From this date to the 22d instant the patient continued to improve in appearance; had gained over twenty-five pounds in weight; did not require to get up at all during the night; thought himself able to resume his studies, and proposed returning eastward in a few days; recommended to continue both powders and diet.

To-day, October 13th, he writes me and says in reference to his case, I now weigh 160 pounds; have resumed my employment, that is teaching and studying, but only do a small amount of labor in comparison with that done in health, and I deem it proper to say that the minutest quantity of amylaceous food produces a change in my condition as quickly as when I was lowest with the disease. I now live on diet as given by the Hon. C. P. Smith, of Brooklyn, with the exception of bran bread, which I hold to yet.

The above case is interesting, inasmuch as the patient had received no benefit from any treatment adopted previous to taking the calcium sulphide, yet he began, and continued to show marked improvement, from the moment the above drug was administered. I would therefore ask the profession at large to give the remedy an extended trial in any case coming under their care, and if the patient be kept upon a proper diet, the probabilities are he or she may be benefited, if not cured. I omitted to mention that my patient took a hot bath three times a week while under my care.

—Germans seem to have, generally, less good sight than other people. In the armies of France, Italy, England and Spain, a spectacled man is rarely seen. An examination of the eyes of recruits in Switzerland showed that while 13 to 15 per cent. of those from French cantons had defective vision, 21 to 22 per cent. of those from German cantons had this defect.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

SERVICE OF PROFESSOR LEWIS A. SAYRE.

Reported for the MEDICAL AND SURGICAL REPORTER, by N. W. Cady, M. S.

Hip-joint Disease.

GENTLEMEN:—I am happy to have the pleasure of introducing to you, to-day, Dr. Holland, of the Philadelphia Hospital, Pennsylvania. He happens to come in here just at this moment, with this little child, which may very properly be called the Centennial case of hip joint exsection.

While I was delivering my report on the "Exsection of the Hip-joint," at Philadelphia, before the International Medical Congress, this little child was brought in by Dr. Barton, chief of Dr. Gross' clinic, in a very exhausted state, almost dying, from long-continued suffering. He had had the disease four years, and it was soon decided, in consultation with Drs. Lister, of Edinburgh, Dr ——, of London, Post, of New York, Moore, of Buffalo, and others, that he should be exsected. The operation was performed at the time, just six weeks to-morrow. Since then I have seen nothing of the child but once, and know nothing of its history. I will request Dr. Holland to give the history of his case since that time.

[Dr. Holland reported that the patient, Thos. Shead, aged 5 years, had rested well every day since the operation; that the wound healed within four weeks, and that the child was gaining in flesh.]

That child is actually getting rosy cheeks, and though he has traveled from Philadelphia this morning, has not suffered from the cold or fatigue, the cuirass in which he lies giving him such perfect support. You see that the child has been carried about in perfect comfort, in this wire cuirass, and suffers no inconvenience in traveling. His transportation is perfect, and there is no difficulty whatever in its management.

I know nothing about the case except what you can see in the result here; it is perfectly easy to see that he has been pretty well cared for, and for this I thank Drs. Holland and Maury.

We shall now take him out of these wire breeches and put on him the long splint. The little fellow has found so much comfort in that cuirass that he does not want to be removed from it; but since the Doctor says that the wound is entirely healed, it is therefore useless to keep him in the cuirass any longer; it now becomes necessary to apply some other means of treatment, which shall enable him to exercise himself, and by that means get a useful limb and a movable joint.

For that purpose I have had this instrument constructed, the long splint, with motion at the hip, an abducting lever, and an elastic band

posteriorly, that is constantly extending the limb posteriorly, but which, by its elasticity, allows the child to sit down, and at the same time flex his limb.

In the meantime, while he is being undressed, I wish to show you another case, that of a little boy who has been cured after thirteen years of suffering, by nature's slow process of exsection by exfoliation. He wears an 8-inch stirrup, and has an anchylosed hip, with this terrible deformity, which you see. I wish you to compare the two methods of exsection, and see the difference in the results. Dr. Stirling brought him from Sag Harbor, Long Island. The mother will give you the history of the case.

HISTORY OF THE CASE.

Mrs. X. In the first place, my boy had a fall on his hip, against the edge of a barrel. From that time he has been lame, and it has grown worse every day.

Dr. Sayre. A fortunate circumstance in the case was, that the hip was hurt badly enough to make the child lame immediately. You noticed in another case that the injury was so small that the child did not go lame for some time. Where was the pain?

Mrs. X. In his knee.

Dr. Sayre. What did you do with it?

Mrs. X. I bathed it.

Dr. Sayre. What good did that do?

Mrs. X. None at all.

Dr. Sayre. What did you do then?

Mrs. X. I fomented it.

Dr. Sayre. All right; go on now and tell the whole story.

Mrs. X. I bandaged it, painted it with iodine, but that took the skin off. Then I took him to Dr. S.

Dr. Sayre. A "natural bone-setter?"

Mrs. X. Yes sir.

Dr. Sayre. That race will never die; there must be some young S's living yet.

Mrs X. He set it, and in about two weeks it slipped out; then he set it again.

Dr. Sayre. What was the result of all that "setting?"

Mrs. X. It grew worse right away.

Dr. Sayre. Of course; he has been setting a joint that was never out of joint, and the child grew worse right away. Dr. Stirling saw him in the street and brought him down to my house without examination. Unfortunately, as the little fellow came into my office he slipped on the stone steps and fell, and hurt himself so that he is even now very much afraid to be handled I examined him but slightly at the time, for I was crowded with business, but I saw enough to satisfy me that it was a case of hip disease, and asked the doctor to bring him here. He is in the second stage of this disease, with effusion into the joint. I could see that by the position in which his limb was fixed. You know what I told you about the symptoms of the earlier stage of the disease—the dropping of the nates—the gluteo-femoral crease lower, the limb apparently elongated. At this stage the deformity is so slight that it is only with great difficulty you can detect the disease at all. You must bring the body to a perfectly natural position, on a hard bed or table, with the trunk and pelvis at right angles to each other, in which case a line drawn from the centre of the sternum over the umbilicus to the centre of the symphisis pubis will be crossed at right angles by a line drawn from one anterior superior spinous process to the other, the spinous processes touching the table throughout their entire length. While in this position, if there is nothing abnormal about the hip-joint, the limb can be extended so that the popliteal spaces will touch the floor, without disturbing these lines or tilting the pelvis, so as to raise the spine from the plane. The diseased limb can be extended to nearly this position, but before the popliteal space touches the table, the pelvis will be tilted (so that the hand can be passed between the table and the spine) owing to the contraction of the psoas magnus and iliacus internus muscles.

As the disease progresses there is an effusion into the joint; as that effusion takes place the limb changes position, becoming abducted, turned outward, and rotated and flexed on the thigh. It is apparently an immovably anchylosed limb; at this period the pain is perfectly excruciating; the child holds himself as still as he possibly can, to keep the part from movement, and any attempt at movement causes pain.

The limb is now abducted and is turned outward. That settles the question. As long as I hold him in this position [holding the limb in the position of the deformity, and making very gentle extension] you will observe that the child is perfectly free from pain. I hold his two legs in this abnormal position till I get the two anterior superior spinous processes level with each other. Now, you see when his legs are parallel with each other, that the spinous process on the affected side is an inch lower than the other, which makes the leg look longer than the other. Again I straighten the pelvis and I can bring the well leg down, so that the popliteal space touches, and there is no disturbance in the back. You see I get no expression of pain from the child; you see his face has not the slightest expression of pain in it. Why is that? I am simply holding the affected leg flexed, abducted and rotated, by which means I accommodate his limb to this effused fluid in the joint, without his being obliged to set his muscles to the work; the result is that he is perfectly comfortable. Now, just let me attempt to rotate that leg; in a moment you see the expression of pain; he is twisted and distorted. It would be useless in this case to attempt to put on an instrument and fix the child, without first putting him in position to do it. This little fellow is almost in the position of the little girl you saw with a long instrument on her leg, whose joint I had aspirated three times, and you saw the result.

In this case it requires that the extension should be applied in the line of the deformity.

But this child is not in a condition to be put in a splint yet. He shall be put in an extending apparatus instead. I simply put on an apparatus for night extension, which consists, as you see, of these two adhesive straps, terminating below the foot in a couple of straps in which are two holes, for the purpose of being attached to the extending force. These adhesive straps are secured by a roller. We should always be careful to carry the straps *above the knee.* It would be useless to attach *below* the knee; not only useless but decidedly injurious; for the reason that it would make tension of the lateral ligaments of the knee joint. We pass the roller up the thigh as far as possible, and now reverse the plaster, following it up with the roller, being careful to avoid wrinkling, which would defeat the object of the roller bandage.

We now put this child in bed, raising up the foot of it ten or twelve inches higher than the head, so that the body may act as a counter-extending force. A cord is attached to a piece of wood fastened to the straps, and this cord runs over a pulley which can be adjusted to any height that you wish. We then drop this day by day, moving it very gradually until we get the leg straight with the body. In the meantime, while that is being done, a blister is placed over the joint here, and when the serum has been discharged, we put the skin back and let it heal up; after it has entirely healed up another is put on, if necessary, and repeated as often as required. Do not, under any circumstances, peel off that skin and apply an irritating ointment or an irritating tent, or anything else to keep up the discharge. You get a serous effusion, and that is all you want. Let it heal up and put on another blister. Do not get up a continual drain from the system, in the old fashioned way of treatment, which simply breaks down the system and does no good whatever; it only torments the patient.

The doctor will take this youngster home, put him in bed, and then, at the end of a fortnight, will bring him back here, and put on him a splint.

Case 3.—Jennie Brown, aged 9 years. Here is a little girl that I exsected four years ago. In her case the acetabulum was perforated. [There was perfect recovery with very slight shortening, not more than one-fourth of an inch, and with no other deformity; the motion in the joint was equally good and free with that in the sound joint.]

Case 4.—A. B., aged 3 years. Here is a little child who has at the same time Pott's disease and hip disease. I merely want to show you how easily and comfortably such cases may be placed. This little child I found at my office last Saturday. She was put up in a wire cuirass at my office. I could not put on her a splint, as she was too small to walk, and a plaster dressing was not desirable, as she was compelled to keep the horizontal posture. I, therefore, put her in this wire cuirass, which accomplishes both purposes. She sleeps well and has had no trouble since the outset.

Case 1 (again).—[This patient had in the meantime been removed from the cuirass and prepared for the application of the extension apparatus.]

The wound on the thigh is, as you will observe, entirely healed. There is a little sinus here at one side, which was running before the operation, but which now discharges little or nothing.

The proper thing to do now is to put on his pantaloons or drawers and stockings, cutting a hole to allow the buckles to pass through; put on his shoes and cut holes through them for the same purpose, and then put on this instrument—the straight splint. But, owing to the fact that he has no shoes, we shall not be able to do so as perfectly as we otherwise should.

[A Sayre long splint was applied to the affected leg, being alternately extended and shortened until the adjustment was so perfect that the child could stand upon his feet without pain or inconvenience, the limbs being exactly of the same length.]

In adjusting these splints, some people are apt to be governed by the buckles and holes and marks in the straps. Now let me advise you to never make such a mistake. Be governed by the extension when it is applied. The child is now in fit condition to walk about, as soon as he gets his strength The splint being properly adjusted, I lock it. He cannot walk at present, because he has no shoe on either foot, but he will have a pair put on, and be sent back home by the next train. You observe his form is perfect, and the motion of the joint is free.

Case 5.—Minnie King, aged eleven years; mother living; father died several years since. The patient always a delicate child. About eight years since noticed that her knee began to pain her continuously, especially when she arose in the morning; could not touch the ground with the affected member. This continued six months, running the characteristic course of hip-joint disease. Her condition improved until about six years ago, when an abscess appeared over the joint, and the attending physician opened it. It has continued to discharge ever since. Since then several pieces of honey-combed bone passed out of the opening, one, in particular, being as large as the head of her thumb; this piece was somewhat rounded. On admission, walked in pretty well on crutches. Her physique is very good for a child of her age, but her anæmic appearance is noticeable.

[The patient being fully anæsthetized the operation was at once begun. The usual incision, from a point midway between the anterior superior spinous process of the cord of the ilium and the trochanter major, extending in a curved line over the top of the trochanter major to a length of about four inches, was made, the periosteum at the same time being divided to the bone.]

Dr. Sayre. Here is a thick involucrum at this point, showing that it ought to have been cut out months ago. This case is going to give us the same trouble that these cases do when they are neglected.

You see this large thickened membrane with new bone deposited around it; it is so thick that I cannot divide it with a small knife. I have therefore to divide it crosswise with this larger knife. It is so thick and firm that I can scarcely divide it even with that; it is nearly a quarter of an inch in thickness. I now take this elevator, and going beneath it, pry it off from the bone. Now I come to a large amount of dead and broken down bone anteriorly. I have cut out and taken away that large amount of dead bone, so that I can get down to where the disease is imprisoned. The case is very much like that which we operated upon last week, showing another instance why these operations should be performed at an early date.

[Here the bone was sawn across, at a point just below the trochanter minor. The dead bone, being much broken down, was extracted piecemeal. The periosteum from the diseased ilium was lifted and the diseased bone dug out.]

Now the operation is complete, except as to a piece of this involucrum, which I shall take off. You see this white horny substance, nearly half an inch thick; that is new material which has been formed by nature to cure the case, and had not the dead bone been present, she would have succeeded.

Out of the sixty-five cases of hip-joint disease that I have operated on—this is the sixty-fifth—the majority have been like this child. The best results are obtained in cases which have not gone quite so far.

It is a very curious fact that cases as bad as this make a speedy recovery so soon as the source of the trouble is removed.

The wound in this case is so large that I shall take a stitch in the upper portion of it. Now we pour the wound full of Peruvian balsam, which is as good an antiseptic as you can get, and pack the wound full of oakum, down to the ilium, covering the whole with a pad of oakum, to absorb pus.

[The splint ordered for the occasion being two inches too short, the patient was put on a board, a little longer than her body, with foot pieces nailed at the end.]

Dr. Sayre. As I have no splint of a size suitable for her, I am obliged to do as you will have to do occasionally when you operate on patients in the country.

Of course this substitute does not offer the same advantages in transportation and in dressing that the wire cuirass does, but we will make it do as a substitute for a day or two, until a cuirass can be obtained which shall fit her.

—A commission of physicians, appointed by the Boston Board of Health, reports that 1,500,000 gallons of water were sold in that city in 1874 as milk, for which nearly $500,000 was paid. In one instance thirty-four cases of typhoid fever in twenty-four families were traced to the use of milk mixed water drawn from a well near a cesspool.

Medical Societies.

MEDICAL SOCIETY OF VIRGINIA.

The seventh annual session of the Medical Society of Virginia convened in Charlottesville, President Dr. F. D. Cunningham in the chair.

The Recording Secretary, Dr. L. B. Edwards, read his report. It showed a membership of 310 active members, exclusive of the twenty-eight elected. The report also included a petition from the Richmond Academy of Medicine, introduced in that body by Dr. L. S. Joynes, asking the State Medical Society to petition the Legislature in behalf of better provisions for the services of expert medical testimony.

The President, Dr. Cunningham, proceeded at once to deliver the address. He spoke of the losses by death to the Society during the year, and paid a tribute to the memories of the late Drs. Peterfield Trent, O. B. Jenks, late Vice-President, and John P. Mettauer, of Prince Edward county, late honorary fellow of the Society. He then called attention to the wants of the profession and of the people, which could only be secured by organized effort as compared with that result which comes of individual endeavor alone. In this connection he spoke of the necessity of obtaining further legislation on certain subjects, such as the establishment of a State Board of Medical Examiners, a sufficient pecuniary appropriation to enable the State Board of Health to become effective, and a change in the existing laws regulating the sale of certain poisonous drugs, such as opium, arsenious acid, etc.

Dr. J. S. Wellford read a paper of great value on the use of chloroform, which showed that the agent has not the dangerous properties which have been attributed to it, when the article is pure and properly administered.

On motion of Dr. McDonald, of West Virginia, the report was referred to the Publishing Committee, with instructions to publish. While making this motion, Dr. McDonald stated incidentally that he preferred a lady's well-starched cuff to the towel or folded handkerchief, or other instruments usually used for the administration of the agent.

Honorary Fellow Dr. A. M. Fauntleroy, of Staunton, presented a very instructive report on Advances in Therapeutics. Ordered to be published.

Dr. Benjamin Blackford, of Lynchburg, presented his report on Advances in Surgery. Ordered to be published.

The following officers were then elected:—

President—Dr. James L. Cabell, of the University of Virginia. Vice-Presidents—Drs. M. P. Christian, of Lynchburg; W. F. Figgat, of Christiansburg; C. W. P. Brock, of Richmond; John W. McIlhany, of Warrenton; and Hugh Stockdell, of Petersburg.

Recording Secretary and Treasurer—Dr. Landon B. Edwards, of Richmond.

Corresponding Secretary—Dr. Christopher Tompkins, of Richmond.

Dr. Edwards read the bill pending before the Legislature, to regulate the Practice of Medicine and Surgery, and, in order to take some practical step to secure its passage, moved that a sufficiency of copies be printed to supply each member of the Society with a copy, and that each member be charged with the duty of securing the signatures of petitioners for the passage of the bill, to be forwarded to their representatives in the Legislature.

Dr. Apperson believed that the establishment of a medical board and a dog tax would rid the State of two great nuisances—cur dogs and quack doctors. Dr. Randolph believed the plan of petition the very best that can be devised, and that by combined effort the bill can be easily carried.

At the conclusion of this report, Dr. Dowell, of Texas, addressed the Convention, by invitation, and developed his mode of treatment for the radical cure of hernia. The doctor claims the practicability of curing this troublesome disease, and demonstrated on the blackboard his method of performing the operation. The thanks of the Society were tendered for his address.

Invitations were extended to the Society to hold their next annual meeting in Richmond, Petersburg and Salem, and after discussion Petersburg was selected as the place. Adjourned.

Editorial Department.

Periscope.

Efficient Cauterant for Polypoid Growths.

The following is a case reported by T. J. Heard, M. D., in the *Transactions* of the Texas State Medical Association, 1876:—

On the 1st of February, 1876, I was called to Mrs. H., about fifty years of age. Nervo-bilious temperament. Menstruation had ceased at about her forty-fifth year. She is a native of Texas, and her health in every respect had been uniformly good, until about three months since, when some obstruction to urination, attended with pain, occurred. On examination, I found a blood-red tumor protruding from the urethra, about the size of a large cherry. It was not sensitive to pressure, but bled freely from slight handling. It involved the orifice of the urethra, and extended up about three-fourths of an inch on the inferior wall of the same. I at once used locally crystallized carbolic acid quite freely, which was unattended with much pain.

February 3d. The tumor at first receded under the influence of the remedy, but after three days it was found to be as large as at first. I now used strong nitric acid freely, which caused but little pain.

February 6th. As under the influence of carbolic acid it receded, but was reproduced, I again used carbolic acid freely, partly with the view of its anæsthetic effect, and then used concentrated chromic acid as freely as I thought prudent.

February 12th. Sundry detergents and astringents had been used, which it is not necessary to make mention of here. The chromic acid had caused a good deal of pain. The slough was removed, and the chromic acid was used again.

February 18th. The patient had experienced pain as before, but the base of the tumor presented the same appearance as on the 12th. I applied carbolic acid carefully, and then, with a tenaculum and dressing forceps, lacerated and removed as much of the base of the tumor as I could consistently. I thereupon applied and held in close contact with the base of the tumor, for five minutes, the following, a thin film of paper being interposed on the upper wall of the urethra:—

℞. Potassii bromidi,
Acidi tannici, āā gr.x. M.

By careful levigation, reduce to a mass, and make suppository, three-fourths of an inch in length.

The effect was prompt, and intensely painful for half an hour; the actual cautery could not, seemingly, have been more so.

February 20th. The base of the tumor has, to all appearances, disappeared, and there only remains instead a charred slight prominence of the parts. The patient, I am informed, is well, and the tumor has not evinced the least tendency to return.

The leading motive in reporting the above case is to show what can be accomplished by the above combination of bromide of potassium and tannia.

The Pruritus Vulvæ of Diabetes.

According to the *Practitioner*, Professor F. Winckel makes the following observations on fifteen cases of disease of the external genitals occurring in patients suffering from diabetes. In the pruritus vulva accompanying diabetes he invariably found one of these forms of disease. Either, 1, the slightest form, which is simply mycosis labiorum, or, 2, furunculosis labiorum, or (3), lastly, which is the most frequent and obstinate form, a phlegmonous affection of the whole vulva, mons

veneris, inguinal fold, sacrum and nates. Professor Winckel is satisfied that he formerly frequently treated cases of obstinate vulvitis without effect, having taken no pains to ascertain whether his patient was affected with diabetes, but now he never meets with a case of chronic erythema of the vulva without immediately instituting an examination of the urine. The severe form of diabetic vulvitis presents features so characteristic that it can be diagnosed with a little practice by the mere aspect of the case. The parts are of a dark red color and considerably swollen, and not always uniformly, but in a knot-like manner. The redness and swelling do not disappear on pressure. The secretion is often inconsiderable, which distinguishes this form of disease from scrofulous vulvitis. From scratching and rubbing, however, the parts become moist, giving them a malign aspect. The disease creeps inward and the vagina becomes hyperæmic. The appearance of a fungus first supervenes as a complication after the occurrence of the vulvitis, and it is only seen when the soil has, so to speak, been prepared. The affection is not, however, due either to the fungus or to the constant wetting of the parts with urine, or to the circumstance that the latter contains sugar; but it is, according to Winckel, essentially a phlegmon associated with diabetes and consequent on an impoverished state of the blood. In regard to the treatment, the primary disease (the diabetes) must be first attended to, and for this the Carlsbad waters will be found very serviceable, but local treatment must not be neglected. The best means in Winckel's hands have been copious and frequent ablutions of all the parts with a solution of one part of salicylic acid in three hundred of water, but lead lotion, zinc ointment, white precipitate ointment, glycerine and tannin, Sitz baths with bran, carbolic acid, etc., may also be tried.

The Action of Jaborandi.

In the *Deutsches Archiv für Klin. Med.*, Dr. S. Purjész details the history of four patients treated with jaborandi, two of them suffering from contracted kidney, one from insufficiency of the mitral and relative insufficiency of the tricuspid valve, with marked ascites, and one from psoriasis. In all the cases a careful record was kept of the weight of the body, the temperature, the rate of the pulse, and the condition of the urine, as well as all other particulars, including the sweating and the discharge of saliva. The results of the action of jaborandi were not very striking, for in the case of dropsy from kidney disease the fluid disappeared without any therapeutical measures, or the treatment was commenced while it was disappearing. In answer to the question whether jaborandi exercises a beneficial operation on the dropsy accompanying heart disease, Dr. Purjész gives a decidedly negative reply. In skin diseases jaborandi seems to cause no change. From the result of all the observations made by him, both now and formerly, Dr. Purjész considers jaborandi as an unsuitable drug in the treatment both of heart and kidney diseases attended with dropsy, and he thinks that the properties of the plant can only be duly appreciated when successful efforts have been made to procure and to isolate its active principles, and to avoid altogether the other constituents which may have an injurious operation.

When to Trepan.

In his recent "Lectures on Surgery," Professor James Spence, of Edinburgh, gives the following six classes of cases in which he would advise trepanning to be performed:—

1. *Without delay*, in all cases of distinct punctured fracture, to avert mischief by removing the fragments of the inner table.
2. In cases of compound comminuted fracture with depression (not in mere fissure with wounded scalp).
3. In simple depressed fracture, when, after a fair trial of other measures, the urgent symptoms of compression are persistent.
4. In compression from extravasated blood, when the position of the injury, or the existence of a fissured fracture, indicate the probability of a large artery, such as the middle meningeal, having been torn.
5. For intra cranial suppuration, when the symptoms and the existence of the puffy swelling, or unhealthy state of the scalp wound and bone, give an indication of the probable position of the pus.
6. In certain chronic cases, from disease or alterations in the bone following contusion or other injury, causing cerebral symptoms, such as local paralysis or epileptic fits. This last rule is by no means so imperative as the others.

A Secret Pile Remedy.

Professor Edmund Andrews, of Chicago, says, in the *Journal and Examiner*:—

A number of men have been itinerating in Illinois and the adjacent States, treating hemorrhoids by a new method. The secret has been sold to various physicians and other persons, at prices varying from fifty to twelve hundred dollars, and some of the purchasers have left a good practice in the expectation of making a fortune by traveling about and applying the remedy.

Investigation has placed the plan more fully in my possession, and I give it here, for the benefit of all concerned.

The first thing is to have a good hypodermic syringe, kept in perfect order, with sharp, delicate pipes. The fluid used is strong carbolic acid dissolved in any bland fixed oil. The proportions are usually as follows:—

℞. Crystallized carbolic acid, ℥iij
Pure oil, f.℥j. M.

Some of the itinerants use equal parts of the

two ingredients, and some of them substitute glycerine instead of oil, and at least one of them has tried a preparation of ergot.

When the piles are internal, and not readily brought down, a Sims' speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the carbolized oil, or rather the oleized carbolic acid. The injection turns the pile white, probably coagulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business. The well-known power of carbolic acid to act as a local anæsthetic, antiphlogistic and anti-suppurative, favors the progress. When the irritation of the first injection has measurably subsided, another pile is attacked in the same way, and, as the patient cannot see the syringe, he supposes that he has not been subjected to any "operation," which is a great satisfaction to him. The itinerants often call their plan "painless," but it proves in some persons atrociously distressing. The result is in many other cases excellent, so that the plan may turn out to be worthy of a permanent place in the treatment of hemorrhoids.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Notta has recently written a series of letters to a young physician, under the title, *Medecins et Clients*, which is highly praised by some of our French exchanges, for its refinement of sentiment, solid sense and pleasing style.

——It is a pleasure to call the attention of the profession to an earnest and able "Argument in Favor of a Contagious Diseases Act," by Dr. E. T. Eeasley, of Little Rock, Arkansas. It is a strong contribution to the necessity for the legal limitation of syphilis, and should be read and pondered by all doubters. Reprinted from the Richmond and Louisville *Medical Journal*, and to be had of the author.

——No. viii of the second volume of the "American Clinical Lectures" is upon Hypertrophy of the Prostate, by Dr. Robert F. Weir. It is good as far as it goes, but does not go far. The ergot treatment (internally or by hypodermic injection) is not described. A clinical lecture on this subject, with this omission, is of questionable utility.

BOOK NOTICES.

Compendium of Histology: 24 Lectures by Heinrich Frey, Professor. Translated from the German, by permission of the author, by George R. Cutter, M.D. Illustrated by 208 engravings, on wood. New York: G. P. Putnam's Sons, 182 Fifth avenue, 1876. 1 vol., cloth, 8vo, pp. 274. Price $3.25.

Professor Frey is already known to the American public by the translation of one of his works on microscopical technology. He is a practical and skillful microscopist, and the present volume indicates this in every chapter. Out of the immense mass of material which the patient labor of numerous observers has heaped up on the minute structures of the tissues, he makes a judicious selection of that which is well substantiated and of evident bearing.

Commencing with the bathybius and the protamæba—those rudest forms of organism—he proceeds to discuss the cell and the classification of the tissues. From these he passes to the histology of the viscera, the generative glands and the nerves, closing with the organs of special sense.

He carefully avoids the strong temptation of theorizing, and sets forth in clear and vivid language the extent, and also the limitations, of our knowledge. The translator has rendered his style with fidelity, and the publisher has added much to the pleasure and benefit of reading the volume by the numerous wood-cuts he has inserted, and the excellent paper and type which he has selected.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. By John Attfield, Ph. D., F. C. S. Seventh edition. From the sixth English edition. Philadelphia: Henry C. Lea. Sheep, 12mo, pp. 668.

This complete manual proves its popularity by reaching a seventh edition in nine years. The author announces that it now includes the whole of the chemistry of the British Pharmacopœia, of that of India, and that of the United States. It is embellished with engravings of apparatus and of microscopic views, and will be found in all respects to merit a continuance of its popularity.

A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M.D., Lond., F.R.C.P., Physician to St. Thomas' Hospital, etc. Edited, with Notes, by James H. Hutchinson, M.D., etc. Philadelphia: Henry C. Lea, 1876. 8vo, pp. 1089.

The author is careful to state in his preface that he has written this work for the "junior members of the profession and students in medicine," and on that ground apologizes for various deficiencies in it, such as the omission of authorities and illustrative cases. He has, he tells us, given particular prominence to the pathology and to the clinical phenomena of disease, but has designedly omitted much he might have said on the subject of differential diagnosis, and has intentionally been neither full nor specific in his remarks on the treatment of diseases.

These admissions are singularly candid, and they correctly characterize both the merits and defects of the work. Every chapter gives evidence of close clinical observation, intimate study of pathology—and very vague therapeusis. To our thinking, the latter is a grave defect, and although the author takes pains to defend his neglect in this respect, we doubt very much whether it will not provoke serious disappointment in most of his readers to find how very little they can learn of the *healing* art from his pages. It is true that many great masters in medicine think it of little moment to administer drugs; that more than one might be named who occupy their hearers by the hour with pathology, and occasionally forget to make any prescription at all; yet the fact remains, that to relieve pain and restore health will ever be the chief worth of the physician to his fellows.

Passing by this objectionable feature, we turn to Dr. Bristowe's classification of diseases. This he aims to make strictly pathological. The first hundred pages is, in fact, a treatise on pathology, and a very good one. His discussion of morbid growths is notably full; upon fever he is rather unsatisfactory; so also he is in his discussion of the sources of somatic death, which he makes four in number, but acknowledges that the division is by no means a distinct one.

Diseases proper are grouped in eight chapters under "Specific Pathology. First come "Specific Febrile Diseases," which include such seemingly heterogeneous maladies as malarial fevers, syphilis, hydrophobia, whooping-cough, enteric fever, pyæmia, and cholera. Next we come to "Diseases of the Skin," which the author, of course, arranges and names to suit himself, that being the privilege of every writer on these complaints. Then follow the Diseases of the Respiratory, Vascular, Digestive, Genito-urinary, and Nervous Systems.

Throughout the volume the author shows himself a master of clinical and pathological observation, free from hobbies, and of large experience. But outside of these particular branches the book will not gratify the reader; as an aid to the *practice* of medicine it will not be found of the highest utility; and a kind of effort at new arrangements of long-known facts, which is frequently visible, devolves on the reader needless effort in its perusal.

Cyclopedia of the Practice of Medicine. Edited by H. von Ziemssen. Vol. VI. Diseases of the Circulatory System, together with chapters on Whooping Cough, Diseases of the Lips and Cavity of the Mouth, and Diseases of the Soft Palate. Wm. Wood & Co., New York City.

The authors to whose labors we are presented in this volume are Drs. Rosenstein, of Leyden; Schroetter, of Vienna; Lebert, of Vevay; Quinke, of Bern; Bauer, of Munich; Steffen, of Stettin; Vogel, of Dorpat; and Wagner, of Leipzig. The volume is a bulky one, running to 1014 pages, and is variously illustrated with sphygmographic tracings, etc. The signs and symptoms of cardiac disease are set forth at great length, and with every desirable accuracy; in fact, as a treatise on this difficult branch of thoracic affections it will be found an unsurpassed representative of the best diagnosticians. The article on whooping cough, by Steffen, is worthy of very careful reading. He makes, to be sure, the error (heretofore pointed out in this journal) of attributing the quinine treatment to Binz; but there is a growing tendency in Germany, since 1870, to acquaint themselves less and less with what is going on outside the Empire.

The volume is of the same excellent typographical appearance which we have praised in previous numbers of the series.

The Physician's Visiting List for 1877. Lindsay & Blakiston, Philadelphia.

This popular Visiting List—one of the best of its kind—is now out, and will be, as usual, welcomed by a large corps of patrons.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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ELECTRICITY IN THERAPEUTICS.

Some years ago—not a rook's age either—the late eminent Professor of the Institutes of Medicine at the Jefferson Medical College used to speak of electricity as an excellent agent in the arts, and a battery as an impressive object in a physician's office, but as a genuine therapeutic resource, of the minutest value.

In spite of Dr. DUCHENNE's fruitful studies and the enormous impetus which electro-therapeutics has received within the last decade, an acute observer cannot fail to remark that it is not quite so much in favor with the average practitioner as all this writing and lecturing about it would lead to expect. Even the most cultivated are obliged to acknowledge how extremely unsatisfactory is the condition of electro-therapeutics. In the very last number of the British and Foreign *Medico-Chirurgical Review* a writer says:—

"The application of electrical currents for the relief of pain and for the restoration of mobility in paralyzed nerves and muscles, is still, notwithstanding the numerous experiments and large clinical experience of DUCHENNE, ZIEMSSEN, ERB, and others, very empirical. It cannot as yet be definitely stated whether the greatest amount of benefit in a given case will certainly be obtained from the application of the anode or of the cathode to the proximal or distal parts of the nerve; whether both or one should be moved over the part affected, or kept stationary; whether the current should be divided as with a metallic brush or applied at a single point; and in many instances, though certainly not in all, it cannot be predicted whether galvanic or interrupted currents will be most effective. The discovery of electrotonus and of its laws, by PFLÜGER, has done little to aid practitioners in their daily work."

Go into the office, say of a reading country practitioner; you will, in all probability, discover, in some corner or closet, a dusty battery, of some description. Ask his opinion about it; he will tell you that it answered pretty well; that he don't call electrical treatment a humbug, but that drugs are far more convenient, and just about as efficacious in all his cases, and that the battery is practically left to the children and office students to amuse themselves with.

Electrical specialists seem to presage this loss of enthusiasm for their branch. Dr. J. B. BAIRD, who is a strong advocate of its powers, writes to the Atlanta *Medical and Surgical Journal*:—

"The skepticism evinced by the majority of physicians, in respect to the remedy, has left it, to a large extent, in the hands of unprincipled charlatans and ignorant empirics, who have, at all ages, abounded, and who have done much to bring it into undeserved disrepute among the educated and intelligent. The mysterious power of so subtile a force furnishes ample ground for appeals to the imaginative faculties and the superstitions of the weak, and the often surprising results that have followed even its indiscriminate use, lend a color of truth to their reckless assertions."

There is very much in the latter clause. The sensation of an electrical current is so decided that it aids the effect of anticipation very

strongly. Even without this assistance, the mind can work marvels. Some curious incidents in clinical thermometry, given in the London *Student's Journal*, illustrate what this simple instrument may do:—

"A young woman, who was convalescent, and whose temperature had long remained normal, had a slight relapse, which she attributed to having had 'no glass under her arm for a week.' A man suffering from acute rheumatism, obstinately refused to have his temperature taken any more, saying, 'it took too much out of him; it was a drawing all his strength away.' A man had been in the habit for some time of having his temperature taken daily under his tongue, with a thermometer that had just been doing severe duty in the axillæ of other patients One night a bran new thermometer was applied to his mouth; next day he declared he was not so well, and said 'the glass was not so strong as usual; he felt at the time the taste was different, and it had not done him so much good.'"

Electricity, as a therapeutic agent, has been so much a matter of speculation that its credit has been impaired. Venders of batteries have claimed for them so much more than clinical experience confirmed, that the purchasers finished by discarding the instrument where it really would have been of service.

The department in which it does offer unquestioned powers is in painful nervous disorders; here it is sometimes efficacious when all else fails.

To secure it the credit which it deserves, full and fair clinical analyses must be given, not partisan eulogies. Dr. BAIRD'S article must be classed among the latter. He gives a detailed list of successes; but of his failures, he merely says they were few, and all cases of long standing. But a therapeutic agent worth praising at all vehemently, must manage hard as well as easy cases.

Again, it is no test of the value of electricity to put a patient on the regular text-book treatment for his complaint, *plus* the electric current, and attribute his recovery principally to the latter. To our minds such cases prove nothing.

NOTES AND COMMENTS.

Words of Interest to Subscribers.

We should like to have all our subscribers, to both the REPORTER and COMPENDIUM, take a lively interest in extending the circulation of these periodicals. They are worthy of it, and it will be a good deed to increase the number of their readers.

But we are going to offer another inducement. It is this:—

Any subscriber, to either REPORTER or COMPENDIUM, who will send us, *along with* his own subscription for 1877, that of any *new* subscriber or subscribers, to either or both those journals, may order any of our publications, to the amount of *one-half* the sum he sends for the new subscription, and the books will be sent him by mail, post-paid.

Thus, if he sends us, with his own renewal, the amount for one new subscriber ($5.00), we will mail him any of our publications, to the amount of $2.50; if two new subscribers ($10.00), he may order $5.00 worth of new books.

The following is the present list of our publications, and we are constantly adding to it.

The Physician's Pocket Record, 35 patients	$1.50
The Physician's Pocket Record, 70 patients	2.00
The Medical Directory of the United States (second edition)	5.50
Napheys' Modern Therapeutics (fourth edition)	4.00
Horace Dobell, on Coughs, Consumption and Diet in Disease	2.25
Greensville Dowell, Treatise on Hernia.	3.00
Greensville Dowell, Yellow Fever and Malarial Disease	3.50
J. W. Bright, Cancer and its Treatment.	2.00
George Brown, Aid to Anatomy	.50
George Brown, Case Book and Hints as to Case Taking	.60

Salicylic Acid.

In a paper reprinted from the Transactions of the Maine Medical Association, Dr. F. H. Gerrish, of Portland, gives the experience of sixteen Maine physicians with salicylic acid. His conclusions are that we have enough evidence to warrant us in believing that we

have in salicylic acid an agent which promises so well in certain directions as to make it desirable for us to industriously prosecute our researches into its action in health and disease, and this with a reasonable hope that it will in time be accorded an honorable position in our materia medica. It has been most extensively and satisfactorily used in rheumatism, especially in the acute form of the disease, and its administration has been followed by relief in various rheumatoid affections. Its resemblance in certain of its physiological effects to quinia, and its apparent control over inflammation in some cases, encourage us to expect decided advantage from its use as an antipyretic. There is yet much disagreement as to its value as a topical application, though it is conceded by nearly all that it is very useful as a deodorant.

Relations of Cardiac to Uterine Disease.

In a paper read before the Maine Medical Association Dr. Theodore H. Jewett remarks:—"As to the definite recognition of the fact that many of the most intractable affections of the uterus are associated with abnormal nervous or organic conditions of the heart as causative influences, and that these [cardiac] remedies are beneficially operative as to the mal-conditions of the uterus by improving the cardiac action, I am not aware that the idea has ever been before suggested."

If Dr. Jewett had been a reader of our *Half-Yearly Compendium of Medical Science*, he would have found that others have long since entertained and discussed this opinion. (See *Compendium*, January, 1876, pp. 201–204.)

The Uses of Bromohydric Acid.

Many persons cannot take iron, on account of the disagreeable "fullness" in the head it produces; others complain greatly of quinine, because it leaves them with a racking headache. Both these classes, according to Dr. Fothergill, will be relieved by bromohydric acid.

It is also useful in nervous conditions, and, with quinine, is excellent in those cases where there is much nervous exhaustion from excessive indulgence in tea or in alcohol, this being tried in a case of nervous excitability and sleeplessness where there had been much resort to chloral hydrate.

The formula is as follows, for the production of the acid in quantities of two quarts:—Dissolve ℥x, ʒvj, gr.xxviij of bromide of potassium in four pints of water, then add ℥xiij, ʒj, xxxvij of tartaric acid. The bitartrate of potash is precipitated, and the hydrobromic acid remains in a clear, bright, almost colorless, fluid, possessing an acid taste and the ordinary acid properties, as well as the peculiar properties of bromide of potassium, as compared with any other salt of potash. Dose, ʒss–j.

To Destroy Lice.

In Hebra's clinic the rule is to remove the nits by washing with alcohol. Dust the parts with pulverized sabatilla seeds. Afterward, rub in blue ointment, and finally cleanse with soap and water. Of late, in Vienna, petroleum is very extensively used for that purpose. The hair is thoroughly moistened with the fluid, and a handkerchief tied round the head, if the scalp is affected, and the next day, the head, if this is the seat of the parasites, is washed with soap.

In our own practice, we have had little success with mercurial ointment against crab-lice, while the following has proved a most efficient and far-neater application:—

℞.	Hydrarg. chloridi corrosivi,	gr.iv.
	Alcoholis,	ʒj
	Aquæ coloniensis,	ʒij. M.

Use as a wash, once a day, for three or four days.

The Bromide of Camphor and its Uses.

The Doctor quotes, on this subject, the result of the researches of Dr. V. Y. Vivo. They are:—

1. The bromide reduces the force and frequency of the tetanic convulsions produced by strychnia, the tonic convulsions being converted into atonic, and the action of the antidote is rapid and sure. A strong dose of the bromide is required.

2. The bromide acts on the sympathetic, causing myosis and cardiac paralysis.

3. It is preferable to introduce the bromide by gastric ingestion, and in small and repeated doses.

4. That from four to six grammes of the bromide in small doses should be given in cases of poisoning by strychnia.

5. Twelve dogs, after receiving a fatal dose of strychnia, were saved by monobromide of camphor.

Dr. Pathault, of Paris, in a pamphlet in which he treats of the bromide and its different pro-

perties, records a series of observations on its therapeutical applications. The first in the series of affections in which it has been given is delirium tremens, the dose being about seven grains and upward, frequently repeated; and in succession its effects are recorded in insomnia, in which it has been partially beneficial; in chorea, in which it was more successful; in hysteria, in which the results were encouraging; in epilepsy, in which the fits were reduced in number and vertigo was relieved; in dyspnœa, in which it was partially successful; in neuralgia, in which its effects were doubtful; and in a few other maladies.

Antiseptic Surgery.

In his recently published "Lectures on Surgery," Professor James Spence, of Edinburgh, immediately before a brief allusion to the method of treatment known as Lister's, takes the opportunity of pointing out what the enthusiastic and apparently juvenile admirers of this system seem too apt to forget, that by simple dressings extraordinary successes have been obtained, which, as yet, at least, have not been equaled, far less excelled. Mr. Spence, in three years, out of sixty-three major amputations for disease, had only three deaths, and out of twenty-three cases of excisions of joints only two deaths, when his treatment consisted merely of washing the stumps or wound with tepid water, and the only dressing was a veil of muslin or lint over the stump.

Marriage and Multiplying.

In a letter to the *Medical Press and Circular*, Dr. Charles Drysdale remarks:—

It seems to me that the question of early marriage is the most important point of social well-being in this country of our day. Without early marriage we are sure to have prostitution (with gonorrhœa and syphilis), masturbation and impotence prevailing.

I would like to ask whether it might be possible to have marriage more universal were parents taught to be more solicitous (as they are generally in that great country, France) as to the numbers of their offspring? I have been occasionally asked by young gentlemen with frequent seminal emissions whether they ought to marry, and have sometimes replied, "Yes, if you can be prudent and take care to proportion the number of your family to your income—not otherwise."

Sublimated Collodion.

This is the name given by M. Dujardin Beaumetz, of Lyons, to a caustic application made as follows:—

R.	Hydrarg. chloridi corrosivi,	℈j–ij
	Collodion,	f℥j
	Olei ricini,	f℥iij. M.

It requires caution in its application, as some skins are exceedingly sensitive to corrosive sublimate.

Solution of Salicylic Acid.

A writer in the *Druggists' Circular* gives the following formula:—

SOLUTION OF SALICYLIC ACID.

R.	Salicylic acid,	gr.xl
	Alcohol,	℥iv
	Water,	℥iij
	Glycerin,	℥j.

For internal use the dose is one drachm, containing five grains of acid, mixed with one or two ounces of water, and swallowed immediately. For external applications, such as gargles, mouth-washes, etc., the same solution can be used in sui able doses.

The Prophylaxis of Puerperal Fever.

Believing that puerperal fever, in its manifold forms, arises only from infection through wounds of the genital canal, chiefly carried into the parts from without, though occasionally autogenetic, Professor Bischoff strongly recommends the free use of carbolic acid during all labors; baths and injections containing it being given, and the hands and all instruments are washed in a three per cent. solution of the acid, or a preparation containing ten per cent. in oil or glycerine.

All lacerations should be united, where practicable, by carbolized silk, or by silver wire. After labor, injections of a two per cent. solution of carbolic acid should be used, and if a catheter is used it should be anointed with carbolized oil. Statistics are given, showing a greatly-lessened rate of mortality since the use of carbolic acid.

—Pondering on the preference that French mothers have for books of devotion over "Nurses' Guides," and the like, Dr. Dubert, of Paris, makes the very practical suggestion that a short appendix, containing elementary precepts on feeding and rearing infants, should be printed at the end of prayer-books, missals, and religious books generally.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XV.

Medical Batteries in the United States Exhibit—Continued.

CENTENNIAL EXHIBITION, Oct. 21st, 1876.

ED. MED. AND SURG. REPORTER:—

One of the finest medico-electric displays is that of the well known Galvano-Faradic Manufacturing Company, of 167 East 34th street, New York. It is located at N 57, in the Main Building. It consists of a cabinet battery and regulator, and a long case containing a great variety of electrical apparatus for medical purposes: faradic, galvanic, and galvano-caustic batteries; rheotomes and rheostats; disks, plates, needles, scourges, and all forms of electrodes. Nickel-plating has been substituted for the lacquered metal, formerly used by this Company on their instruments, and is, I think, a decided improvement. This useful art of nickel-plating seems, indeed, to have become generally popular among manufacturers of electrical apparatus.

I will not stop to describe in detail the numerous instruments and appliances of this establishment. A large illustrated catalogue, which contains full descriptions of all the apparatus manufactured by the firm, has been issued, and can be obtained for twenty-five cents.

Their electro-magnetic or faradic machines are admirable instruments, combining elegance with endurance and completeness. One of them has been used by the writer, in connection with a hospital clinic, for more than two years, and has been eminently satisfactory. The elastic fork, for producing slow and distinct shocks, as well as rapid vibrations, at the will of the operator, offers an important practical desideratum to the electro-therapeutist, and is an excellent contrivance. Lately an improvement has been added, by which the very finest vibrations can be obtained. It consists of a screw similar to the ordinary platinum-pointed one in general use, but which is placed vertically, and at the side, instead of opposite the end of the coil. This, with the fork-vibrator, makes as complete an arrangement as can be desired. Instead of moving the secondary helix in and out in order to modify the strength of the current—in the most recent machines of this company—the hollow cylinder within the primary coil is used as a regulator; which is rather a return to an old but good plan, than a novelty or improvement. I greatly prefer the double-cell battery with this faradic machine. The single cell seems sometimes scarcely sufficient for extensive and protracted use.

The Galvano-Faradic Company's most recent modification of the celebrated "Stöhrer Battery," which, by the way, has suffered many things of many electricians; and their "Bartlett Galvanic Battery," are among the most compact and convenient forms of electric apparatus that have ever been presented to the notice of the profession. The hydrostats, or contrivances for preventing the escape of the battery fluid, are claimed to be so perfect that the batteries can be actually turned upside down without spilling a drop of their contents. The electric current can be increased one cell at a time in these instruments.

The cabinet regulator and battery exhibited by this company is exceedingly handsome, and is probably an efficient and reliable apparatus. A battery of this kind, however, which the writer has had in use between two and three years, has not proved as serviceable in practice as it is compendious and generally admirable in theory and appearance. In the particular instrument to which I allude, the difficulty seems to be defective or careless workmanship, the drawers which hold the cells not moving smoothly in their grooves, and the wires for making connections, and the contrivance for interrupting the continuous current, getting out of order too readily. I have thought sometimes, also, that the single cell employed to run the electro-magnetic portion of the apparatus, is not sufficient for the purpose for which it is intended. In every electric machine for medical use, good workmanship is of the utmost practical moment, physicians usually not having the time or the patience to be troubled with unnecessary defects, however trifling. I am happy to say, in regard to the cabinet battery which I am criticising, that the deficiencies of which I am speaking are not now likely to be met with, as I am informed they were due to the negligence of employees who have been discharged by the company. Combining cells, commutators, current selectors, galvanoscope, rheotome, water rheostat and faradic coil, in a single elegant and compact piece of furniture, this regulator and battery is certainly a comprehensive and valuable apparatus.

The galvano-cautery battery of the Galvano-Faradic Company, is one constructed from suggestions made by Professor H. G. Piffard, of New York City, and is a simple and efficient instrument. With it the finer, as well as the coarser, sizes of platinum wire can be heated.

It gives me pleasure to call especial attention to the variety, beauty, and general excellence of the electrodes exhibited by this company. They comprise appliances for utilizing the application of electricity to every accessible organ and tissue of the body.

In a case about twenty feet in length, at N. 56, Dr. Jerome Kidder, of New York, exhibits a variety of handsome apparatus: a small warehouse of polished cabinet-work and glittering nickel plating. It is certainly a splendid looking exhibit, but is what might be termed a

"show" collection. If I am not much mistaken, I saw the same display at the meeting of the American Medical Association in 1872, and also at the Franklin Institute Exposition of 1874. Much of it would be too expensive and cumbersome for common use. Here, however, are the convenient and reliable faradic machines, with tilting cell or cells; useful and beautiful galvanic batteries, including, of course, modifications of our much modified friend Stöhrer, and other electric instruments and appliances long, well and favorably known to the profession.

Not far from Kidder's display is an attractive-looking exhibit of Pulvermacher's galvanic appliances for medical purposes—chain-belts or batteries, arranged for application to various parts of the body, in the form of garters, suspensories, bandages, straight chains, necklaces, etc. These appliances seem to have received the endorsement of some gentlemen eminent in the profession, both here and abroad; but I cannot testify to their value from personal experience. From my observations of the good palliative results obtained from comparatively prolonged applications of weak battery currents in some cases of spasm and tremor, I would be led to look for beneficial effects from any apparatus that would *certainly* furnish a feeble current of electricity so long as it was properly applied. It will be remembered by those acquainted with the history of medical electricity that Dr. Golding Bird advocated the employment of feeble currents, kept up for a long time, on the limbs, in certain forms of paralysis; and also that he experimented successfully in this direction with plates of silver and zinc connected by wire. The galvanic belts of Bréton Frères and Prudhomme, and the galvanic poultices of Récamier will also be recalled. Such contrivances have been chiefly used for rheumatism and neuralgia. The electric disks of Dr. Garratt are generally considered as reliable; and the chains of Pulvermacher, which I am here noticing, have acquired a wide, popular reputation. Yours, C. K. M.

Monobromated Camphor.

Ed. Med. and Surg. Reporter:—

I am aware that it is very difficult to correct an error after it has gained credence. The one to which I desire to call your attention is not confined to this country alone, but is met with also in Great Britain and France. I refer to the so-called monobromide of camphor, which many physicians persist in calling by the wrong name, instead of using the correct one, monobromated camphor. Prof. Deneffe, of Ghent, introduced this camphor derivative into medicine, and Prof. Hammond, of New York, was, I believe, the first one who experimented with it in this country, and all used by him at that time (1872) was made by me (see New York *Medical Journal*, 1872, May). Unfortunately, Prof. Hammond, in his valuable report on its effects, erroneously called it monobromide of camphor, supposing its composition to be $C_{10}H_{16}O,Br$. Laurent discovered the compound of camphor and bromine, $C_{10}H_{16}O,Br_2$, which is bromide of camphor, and easily decomposed on exposure to the air. By heating it in sealed tubes, Prof. Swartz, of Ghent, observed that it would decompose into hydrobromic acid and monobromated camphor, thus $C_{10}H_{16}O,Br_2 = HBr + C_{10}H_{15}BrO$; and the latter is the article which was made by him for Prof. Deneffe, and is now medicinally employed. In the *American Journal of Pharmacy*, August, 1872, I have reviewed the literature on this bromine derivation of camphor, and published a process for its convenient preparation, which, or modifications of which, is now generally employed in manufacturing it on a large scale. How stable the article is, under ordinary circumstances, may be judged by examining the handsome specimens which, in the Centennial Exposition, have been subjected to the ordeal of exposure and light and to the unusually high temperature of last summer.

The medicinal compound referred to above, and in the paper by Dr. I. J. M. Goss, in your issue of to-day (p. 350), is neither a bromide nor a bromate of camphor, but is monobromated (or monobromized) camphor; that is, camphor in which one atom of hydrogen is substituted by one atom of bromine. If a shorter name is desired, it should be *monobromo-camphor*, or, since a bibromated derivative is as yet unknown, *bromo-camphor* would, at present, not be incorrect. It is, however, not impossible that other bromated derivations of camphor may be discovered, several with chlorine being known, one having the formula $C_{10}H_{16}Cl_6O$. The name first suggested seems, therefore, the more appropriate one. John M. Maisch.

Philadelphia, Oct. 31.

News and Miscellany.

The Woman Question.

The bill which was passed at the last session of Parliament, permitting medical bodies to license female practitioners has finally settled the question in Great Britain. The fellows of the College of Physicians, of Dublin, have deliberately determined to admit Miss Edith Pechey to the examination for the L.K.Q.C.P.I., and have thus thrown open the portals of the profession to all comers, whether they be "persons" of the male or female sex.

The Ammonia Treatment of Snake-bite.

The report of a Special Committee of the Medical Society of Victoria is entirely adverse to the use of the intravenous injection of ammonia in the treatment of snake-poisoning. Their experiments entirely confirm the negative results of Indian experimenters; and Dr. M'Crea expressed the opinion at the Society, that to continue the intravenous injection of ammonia was to trifle with human life.

The Wheeling and Ohio County Medical Society

Has elected the following officers for the ensuing year: President, Dr. R. W. Hazlett; Vice-President, Dr. R. S. Harvey; Treasurer, Dr. J. C. Hupp; Secretary, Dr. H. C. Ulrich; Censors, Drs. E. A Hildreth, M. F. Hullihen and T. O. Edwards; Curator of Museum, Dr. H. C. Ulrich.

Personal.

—Dr. Charles S. Turnbull has removed to 1500 Walnut street, this city.

—Rev. William A. Muhlenberg, D. D., the founder of St. Luke's Hospital, New York, and author of the beautiful hymn, "I would not live alway, I ask not to stay," was recently presented with a purse of $20,000 by his friends, he having attained the age of eighty years.

Items.

—The *Lancet* steps aside from medical themes to urge the paving of the Strand with wooden blocks. If the English people allow themselves to be deluded into laying wooden pavements on such a street as the Strand, they have less wisdom than we credit them with. Let the *Lancet* inquire about Philadelphia's experience with wooden pavements.

—In a recent discussion on the budget in the Chamber of Deputies, in Paris, M. Lionville proposed that the salaries of the Professors in the Faculties of Medicine and Science in Paris should be raised from 13,000 to 15,000 francs. We regret to say the proposition did not pass.

QUERIES AND REPLIES.

Dr. G. S. S., of R. I.—Archebiosis is the term applied by recent histologists to the doctrines of the commencement of organic life.

Dr. F. D. D., of Miss.—Salicylic acid has not been found of use in chronic rheumatism, and is of little value except where the febrile symptoms are marked. For preparation, see last number of COMPENDIUM.

Quærens.—The amount of sassafras root in Dr. Fuller's formula, cur. vol., p. 343, seems small. It probably should read, an ounce and a half.

OBITUARY.

HON. GEORGE V. MITCHELL, M. D.

In Kishacoquillas Valley, Pa., July 21st, 1876, after a month's illness, Hon. George V. Mitchell, M. D., in the sixty-sixth year of his age. In his early years he studied medicine under Dr. A. Rothrock, of McVeytown, and continued his studies at Jefferson Medical College, in Philadelphia, from which institution he graduated in the year 1834. Immediately afterward he entered upon the practice of his profession in the Valley, where he obtained his wife, and continued that practice, with the exception of a few brief intervals, for forty years, until the time of his last sickness. His skill as a physician was certainly of no mean order, as is witnessed to by the medical society of which he was a most useful and learned member, and by those to whose ills he administered, who welcomed him gratefully to their bedside, reposing confidence in his judgment, "his counsel being always sound and good."

DR. G. W. PRINGLE.

At his home, in New Concord, Muskingum county, Ohio, October 12th, after a lingering illness, G. W. Pringle, M. D., aged sixty-three years, eight months and sixteen days. His life was a long ministry to the afflicted, he having practiced medicine at New Concord for thirty-two years. For several years preceding his death he was a member of the Presbyterian Church, and active in the discharge of both public and family religious duties. F. B.

BIRTHS.

TALLMAN.—Born, September 23d, 1876, Rutherford Hayes, son to Dr. George J. and Nini W. Tallman, Coffeyville, Kansas.

MARRIAGES.

ASHMEAD—PRICE.—In Brooklyn, Oct. 18th, 1876, at the residence of the bride's uncle, J C. Barton, Esq., by Rev. Mr. Homer, rector of St. James' Church, Dr. L. Preston Ashmead, of Florida, and Carrie A., daughter of the late W. W. Price, Esq., of Lake George.

BANGS—EDWARDS.—On Thursday, October 26th, at the residence of the bride's mother, by Rev. J. A. M. Chapman, D. D., Dr. L. B. Bangs and Miss Fannie A. Edwards, youngest daughter of the late William Edwards.

BEAK—HERMAN.—On the 2d of November, at the residence of the bride's parents, by the Rev. A. J. G. Dubbs, Dr. R. H. Beak, of Newburg, and Miss Annie H., daughter of Rev. A. J. Herman, of Maxatawny, Pa.

BENDER—CONLYN.—October 24th, in the Second Presbyterian Church, Carlisle, by Rev. J. F. Kennedy, D. D, assisted by the Rev. George Norcross, J. S. Bender, M. D., and Laura Conlyn, both of Carlisle, Pa.

CHADBOURN—KING.—In Wilmington, N. C., on Wednesday, October 25, by Rev. J. R. Wilson, D. D., James H. Chadbourn, Jr., and Blanche H., daughter of J. Francis King, M. D., all of the above place.

URQUHART—DICKENS.—At the residence of the bride's father, October 19th, by the Rev. William Suddards, George W. Urquhart, M. D., and Mary E. Dickens, all of Philadelphia.

DEATHS.

AYRES.—In Brooklyn, on Thursday night, Oct. 19th, of pneumonia, G. Disosway Ayres, M. D., in the 51st year of his age.

BERTHET.—On Sunday, October 15th, suddenly, of heart disease, Felix Berthet, M. D.

CUTTER.—At East Lyme, Conn., October 20th, of peritonitis, Dr. James B. Cutter, of New York.

MALONE.—Suddenly, at Gallatin, Tenn., October 29th, 1876, Dr. H. B. Malone, in the 47th year of his age.

PENDERY.—In Lincoln, Neb., October 23d, 1876, at 11½ o'clock P. M., Dr. N S. Pendery, eldest son of Wm. D. and Mary A. Pendery, aged 42 years, 2 months, and 8 days.

THEBAUD.—On the 20th instant, Julius S. Thebaud, M. D., in the 49th year of his age.

WALKER.—On Tuesday, October 24th, at his residence, No. 3 Van Ness Place, Hamilton Walker, M. D.